

State: Tennessee

Citation	Condition or Requirement
1902(u) of the Act	<p>10. Excess Resources</p> <p>a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries</p> <p>Any excess resources make the individual ineligible.</p> <p>b. Categorically Needy Only</p> <p><u> X </u> This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p> <p>c. Medically Needy</p> <p>Any excess resources make the individual ineligible.</p>

TN No. 93-15

Supersedes

TN No. 92-7

Approval Date OCT 14 1993 Effective Date 7/1/93

STATE Tennessee

Citation

Condition or Requirement

c. For Qualified Disabled Working Individuals (QDWI's) defined in Section 1905(s) of the Act, coverage is available beginning with the first month the individual is determined to be a Disabled Working Individual (DWI) by the Social Security Administration but no more than three months prior to filing a QDWI application with the Medicaid agency. The eligibility determination is valid for--

 X 12 months

 6 months

 months (no less than 6 months and no more than 12 months)

TN No. 90-23
Supersedes
TN No. NEW

Approval Date 11/20/90 Effective Date 7/1/90

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 24
OMB No.: 0938-

State: Tennessee

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. <input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. <input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: <input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..

TN No. 92-7
Supersedes
TN No. 90-23(page 21)

Approval Date **MAY 26 1993**

Effective Date 1/1/92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TENNESSEE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<p><u>X</u> (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p><u> </u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><u>X</u> 12 months</p> <p><u> </u> 6 months</p> <p><u> </u> <u> </u> months (no less than 6 months and no more than 12 months)</p>

TN No. 92-24
Supersedes
TN No. 92-7

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(BPD)

ATTACHMENT 2.6-A
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OMB No.: 0938-

Citation

Condition or Requirement

1902(a)(18)
and 1902(f) of
the Act

12. Transfer of Resources - Categorically
and Medically Needy, Qualified Medicare
Beneficiaries, and Qualified Disabled and Working
Individuals

The agency complies with the provisions of section
1917 of the Act with respect to the transfer of
resources.

TN No. 92-7
Supersedes
TN No. 87-16

Approval Date **MAY 26 1993**

Effective Date 1/1/92

HCFA ID: 7985E

State Tennessee

Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p><u> X </u> the maximum standard permitted by law;</p> <p><u> X </u> the minimum standard permitted by law; or</p> <p><u> \$ </u> a standard that is an amount between the minimum and the maximum.</p> <p>One-half of total resources not less than the minimum standard or greater than the maximum standard permitted by law.</p>

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